

# **Revised Standards for Adult Immunization Practices**

The revised Standards for Adult Immunization Practices provide a concise, convenient summary of the most desirable immunization practices. This revised version of the Standards for Adult Immunization Practices is recommended for use by all health care professionals in the public and private sectors who provide immunizations for adults.

## ***Make vaccinations available***

1. Adult vaccination services are readily available.
2. Barriers to receiving vaccines are identified and minimized.
3. Patient "out-of-pocket" vaccination costs are minimized.

## ***Assess patients' vaccination standards***

4. Healthcare professionals routinely review the vaccination status of patients.
5. Healthcare professionals assess for valid contraindications.

## ***Communicate effectively with patients***

6. Patients are educated about risks and benefits of vaccination in easy-to-understand language.

## ***Administer and document vaccinations properly***

7. Written vaccination protocols are available at all locations where vaccines are administered.
8. Persons who administer vaccines are properly trained.
9. Healthcare professionals recommend simultaneous administration of indicated vaccine doses.
10. Vaccination records for patients are accurate and easily accessible.
11. All personnel who have contact with patients are appropriately vaccinated.

## ***Implement strategies to improve vaccination rates***

12. Systems are developed and used to remind patients and healthcare professionals when vaccinations are due and to recall patients who are overdue.
13. Standing orders for vaccinations are employed.
14. Regular assessments of vaccination coverage levels are conducted in a provider's practice.

## ***Partner with the community***

15. Patient-oriented and community-based approaches are used to reach the target population.

# **Revised Standards for Child and Adolescent Immunization Practices**

The use of the term “standards” should not be confused with a minimum standard of care. Rather, these Standards represent the most desirable immunization practices, which health care professionals should strive to achieve. By adopting these Standards, health care professionals can enhance their own policies and practices, making achievement of vaccination objectives for children and adolescents as outlined in Healthy People 2010, both feasible and likely.

## ***Availability of Vaccines***

1. Vaccination services are readily available.
2. Vaccinations are coordinated with other healthcare services and provided in a medical home when possible.
3. Barriers to vaccination are identified and minimized.
4. Patient costs are minimized.

## ***Assessment of Vaccination Status***

5. Healthcare professionals review the vaccination and health status of patients at every encounter to determine which vaccines are indicated.
6. Healthcare professionals assess for and follow only medically indicated contraindications.

## ***Effective Communication about Vaccine Benefits and Risks***

7. Parents/guardians and patients are educated about the benefits and risks of vaccination in a culturally appropriate manner and in easy-to-understand language.

## ***Proper Storage and Administration of Vaccines and Documentation of Vaccinations***

8. Healthcare professionals follow appropriate procedures for vaccine storage and handling.
9. Up-to-date, written vaccination protocols are accessible at all locations where vaccines are administered.
10. Persons who administer vaccines and staff who manage or support vaccine administration are knowledgeable and receive ongoing education.
11. Healthcare professionals simultaneously administer as many indicated vaccine doses as possible.
12. Vaccination records for patients are accurate, complete, and easily accessible.
13. Healthcare professionals report adverse events following vaccination promptly and accurately to the Vaccine Adverse Events Reporting System (VAERS) and are aware of a separate program, the National Vaccine Injury Compensation Program (NVICP).
14. All personnel who have contact with patients are appropriately vaccinated.

## ***Implementation of Strategies to Improve Vaccination Coverage***

15. Systems are used to remind parents/guardians, patients, and healthcare professionals when vaccinations are due and to recall those who are overdue.
16. Office- or clinic-based patient record reviews and vaccination coverage assessments are performed annually.
17. Healthcare professionals practice community-based approaches.

# The Vaccine Adverse Event Reporting System (VAERS)

VAERS is a national vaccine safety surveillance program co-sponsored by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS collects and analyzes information from reports of adverse events following immunization. Since 1990, VAERS has received over 123,000 reports, most of which describe mild side effects such as fever. Very rarely, people experience serious adverse events following immunization. By monitoring such events, VAERS can help to identify important new safety concerns.

## Reporting to VAERS

**Who can file a VAERS report:** Anyone can submit a VAERS report. Most reports are sent in by vaccine manufacturers (42%) and health care providers (30%). The rest are submitted by state immunization programs (12%), vaccine recipients or their parent/guardians (7%), and other sources (9%).

**What adverse events should be reported:** VAERS encourages the reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States. Report such events even if you are unsure whether a vaccine caused them.

The National Childhood Vaccine Injury Act (NCVIA) requires health care providers to report:

- Any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.
- Any event listed in the Reportable Events Table that occurs within the specified time period after vaccination.

*A copy of the Reportable Events Table can be found on the next page (F2), or obtained by calling VAERS at 1-800-822-7967 or by downloading it from <http://vaers.hhs.gov/pubs.htm>.*

**Filing a VAERS report:** Use a VAERS report form (see page F6) to report any adverse event. You can get pre-addressed postage paid report forms by calling VAERS at 1-800-822-7967, or download a printable copy of the VAERS form from the following Internet sites:

- The VAERS Web site at <http://vaers.hhs.gov/>
  - The Food and Drug Administration's Web site at <http://www.fda.gov/cber/vaers/vaers.htm>
  - The Centers for Disease Control and Prevention Web site at <http://www.cdc.gov/nip/>
- Instructions are included with the form. You may use a photocopy of the VAERS form to submit a report.

## For more information:

- Send e-mail inquiries to [info@vaers.org](mailto:info@vaers.org)
- Visit the VAERS Web site at: <http://vaers.hhs.gov>
- Call the toll-free VAERS information line at (800) 822-7967
- Fax inquiries to the toll-free information fax line at (877) 721-0366

*This information has been adapted from the VAERS website (<http://vaers.hhs.gov>).*

# It's federal law!

## You must give your patients current Vaccine Information Statements (VISs)

**A vaccine complication** in Florida highlights the importance of distributing the most recent VISs to your patients. In 1997, a 3-month-old boy developed vaccine-associated paralytic poliomyelitis (VAPP) following a first dose of OPV. The boy's parents reported that their physician furnished them with the 1994 polio VIS at the time of vaccination. The polio VIS had been revised in 1997 to reflect the ACIP preference for sequential use of inactivated polio vaccine (IPV), making the 1994 polio statement that was given to the parent outdated.

**Note:** the most current polio VIS carries the date of 1/1/00.

This article was originally written by Neal A. Halsey, MD, director, Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health and was updated by the Immunization Action Coalition in September 2007.

As healthcare professionals understand, the risks of serious consequences following vaccines are many hundreds or thousands of times less likely than the risks associated with the diseases that the vaccines protect against. Most adverse reactions from vaccines are mild and self-limited. Serious complications such as the one in the Florida case are rare, but they can have a devastating effect on the recipient, family members, and the providers involved with the care of the patient. We must continue the efforts to make vaccines as safe as possible.

Equally important is the need to furnish vaccine recipients (or the parents/legal representatives of minors) with objective information on vaccine safety and the diseases that the vaccines protect against so that they are actively involved in making decisions affecting their health or the health of their children. When people are not informed about vaccine adverse events, even common, mild events, they can lose their trust in healthcare providers and vaccines. Vaccine Information Statements (VISs) provide a standardized way to present objective information about vaccine benefits and adverse events.

### What are VISs?

VISs are developed by the staff of the Centers for Disease Control and Prevention (CDC) and undergo intense scrutiny by panels of experts for accuracy. Each VIS provides information to properly inform the adult vaccine recipient or the minor child's parent or legal representative about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers who should answer questions and address concerns that the recipient or the parent/legal representative may have.

### Use of the VIS is mandatory!

Before a healthcare provider vaccinates a child or an adult with a dose of any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), varicella (chickenpox), influenza, or pneumococcal conjugate vaccine, the provider is required by the National Childhood Vaccine Injury Act (NCVIA) to provide a copy of the VIS to either the adult recipient or to the child's parent/legal representative.

VISs are also available for human papillomavirus (HPV), meningococcal, pneumococcal polysaccharide, and rotavirus, as well as various vaccines used primarily for international travelers. The use of these VISs is recommended but not currently required by federal law. (Editor's note: Use of VISs for HPV, meningococcal, and rotavirus vaccines will become mandatory at a later date.)

State or local health departments or individual providers may place the clinic name on the VISs, but any other changes must be approved by the director of CDC's National Center for Immunization and Respiratory Diseases.

### What to do with VISs

Some of the legal requirements concerning the use of VISs are as follows:

1. Before an NCVIA-covered vaccine is administered to anyone (this includes adults!), you must give the patient or the parent/legal representative a copy of the most current VIS available for that vaccine. Make sure you give your patient time to read the VIS prior to the administration of the vaccine.
2. You must record in your patient's chart the date the VIS was given.
3. You must also record on the patient's chart the publication date of the VIS, which appears on the bottom of the VIS. As the Florida case above illustrates, it is imperative that you have the most current VIS.

To obtain a complete set of current VISs in more than 30 languages, visit IAC's website at [www.immunize.org/vis](http://www.immunize.org/vis)

### Most current versions of VISs

As of September 2007, the most recent versions of the VISs are as follows:

DTaP/DT/DTP	....	5/17/07	PCV	.....	9/30/02
hepatitis A	.....	3/21/06	PPV	.....	7/29/97
hepatitis B	.....	7/18/07	polio	.....	1/1/00
HPV ( <i>H. papillomavirus</i> )	.....	2/2/07	rabies	.....	1/12/06
Hib	.....	12/16/98	rotavirus	.....	4/12/06
influenza (LAIV)	...	7/16/07	shingles	.....	9/11/06
influenza (TIV)	.....	7/16/07	Td	.....	6/10/94
Japan. enceph.	...	5/11/05	Tdap	.....	7/12/06
meningococcal	....	8/16/07	typhoid	.....	5/19/04
MMR	.....	1/15/03	varicella	.....	1/10/07
			yellow fever	.....	11/9/04

### How to get VISs

VISs can be downloaded from the Immunization Action Coalition's website at [www.immunize.org/vis](http://www.immunize.org/vis) or CDC's website at [www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm). Ready-to-copy versions may also be available from your state or local health department.

Foreign language versions of VISs are not officially available from the CDC; however, several state health departments have arranged for their translations. These versions do not require CDC approval. You can find VISs in more than 30 languages on the Immunization Action Coalition's website at [www.immunize.org/vis](http://www.immunize.org/vis).

**"We have an obligation to provide patients and/or parents with information that includes both the benefits and the risks of vaccines. This can be done with the Vaccine Information Statements that healthcare providers are required by law to provide prior to the administration of vaccines."**

**Walter A. Orenstein, MD, past director, National Immunization Program, CDC**

## Arizona Vaccines for Children Program

### Available Vaccines, Brand Names, Manufacturers, Packaging and CPT Codes

Vaccine	Brand Name	Manufacturer	Packaging	CPT Code
<b>DT</b>	DT	sanofi pasteur	10 pack – 1 dose vials (Call Vaccine Center to request vaccine)	90702
<b>DTaP</b>	Tripedia®	sanofi pasteur	10 pack – 1 dose vials	90700
	DAPTACEL®	sanofi pasteur	10 pack – 1 dose vials	90700
	Infanrix®	GlaxoSmithKline	10 pack – 1 dose vials 5 pack – 1 dose syringes - No needle	90700
<b>DTaP-Hep B-IPV</b>	Pediarix®	GlaxoSmithKline	10 pack – 1 dose vials 5 pack – 1 dose syringes - No needle	90723
<b>Td</b>	DECAVAC™	sanofi pasteur	10 pack – 1 dose vials 10 pack – 1 dose syringe - No needle	90714
<b>Tdap</b>	BOOSTRIX®	GlaxoSmithKline	10 pack – 1 dose vials 10 pack – 1 dose syringe - No needle	90715
	ADACEL®	sanofi pasteur	10 pack – 1 dose vials	90715
<b>e-IPV</b>	IPOL®	sanofi pasteur	10 dose vials 10 pack – 1 dose syringe - No needle	90713
<b>Hep A</b>	VAQTA®	Merck	10 pack – 1 dose vials	90633
	Havrix®	GlaxoSmithKline	1 dose – 1 dose vials 10 pack – 1 dose vials 5 pack – 1 dose syringes - No needle	90633
<b>Hep B-PF (3-dose)</b>	RECOMBIVAX-HB®	Merck	10 pack – 1 dose vials	90744
	ENGRIX®	GlaxoSmithKline	1 dose – 1 dose vials 10 pack – 1 dose vials 5 pack – 1 dose syringes - No needle	90744
<b>Hep B –Adol. (2 dose)</b>	RECOMBIVAX-HB®	Merck	10 pack – 1 dose vials	90743
<b>Hep B/Hib</b>	COMVAX®	Merck	10 pack – 1 dose vials	90748
<b>Hib</b>	PedvaxHIB	Merck	10 pack – 1 dose vials	90647
	ActHIB®	sanofi pasteur	5 pack – 1 dose vials	90648
<b>MMR</b>	MMRII®	Merck	10 pack – 1 dose vials	90707
<b>MMRV</b>	MMRV	Merck	10 pack – 1 dose vials	90710
<b>PCV-7</b>	Prevnar®	Wyeth Lederle	10 pack – 1 dose syringe - No needle	90669
<b>PPV23</b>	Pneumovax®	Merck	5 dose vials	90732
<b>Rotavirus</b>	RotaTeg®	Merck	10 individually pouched single-dose tubes	90680
<b>Varicella</b>	Varivax®	Merck	10 pack – 1 dose vials	90716
<b>HPV</b>	Gardasil®	Merck	10 pack – 1 doses vials	90649
<b>MCV4</b>	Menactra®	sanofi pasteur	5 pack – 1 dose vials	90734

## Arizona Vaccines for Children Program

2007 – 2008 Influenza Season

Available Influenza Vaccines, Manufacturers, Brand Names, Packaging and CPT Codes

Vaccine	Brand Name	Manufacturer	Packaging	CPT Code
<b>Influenza –PF Pediatric dose (6 through 35 months)</b>	Fluzone®	sanofi pasteur	10 pack – 1 dose syringes – No needle	90655
<b>Influenza –PF Pediatric dose (3 years through 18 years)</b>	Fluzone®	sanofi pasteur	10 pack – 1 dose syringes – No needle	90656
<b>Influenza (6 through 35 months)</b>	Fluzone®	sanofi pasteur	10 dose vials	90657
<b>Influenza( (3 years through 18 years)</b>	Fluzone® Fluvirin®,	sanofi pasteur Novartis (Chiron)	10 dose vials	90658
<b>Influenza Live, Intranasal</b>	FluMist®	MedImmune.	Pack of 10 single dose Sprayers	90660

# LIVE, INTRANASAL INFLUENZA VACCINE

## WHAT YOU NEED TO KNOW 2007-08

### 1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.

It is caused by the influenza virus, which spreads from infected persons to the nose or throat of others.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

- fever · sore throat · chills · fatigue
- cough · headache · muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly.

Influenza vaccine can prevent influenza.

### 2 Live, attenuated influenza vaccine (nasal spray)

There are two types of influenza vaccine:

**Live, attenuated** influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils rather than injected into the muscle.

**Inactivated** influenza vaccine, sometimes called the “flu shot,” is given by injection. *This vaccine is described in a separate Vaccine Information Statement.*

For most people influenza vaccine prevents serious influenza-related illness. But it will *not* prevent “influenza-like” illnesses caused by other viruses.

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended. Protection lasts up to a year.

It takes up to 2 weeks for protection to develop after vaccination.

LAIV does not contain thimerosal or other preservatives.

### 3 Who can get LAIV?

Live, intranasal influenza vaccine is approved for **healthy people from 2 through 49 years of age**, who are not pregnant. This includes people who can spread influenza to others at high risk, such as:

- **Household contacts and out-of-home caregivers** of children from birth up to 5 years of age.
- Physicians and nurses, and family members or any one else in **close contact with people at risk** of serious influenza.

Influenza vaccine should be given to anyone who wants to **reduce the likelihood of becoming ill** with influenza or **spreading influenza to others**.

LAIV may be considered for:

- People who provide **essential community services**.
- People living in **dormitories** or under other crowded conditions, to prevent outbreaks.

### 4 Some people should *not* get LAIV

LAIV is not licensed for everyone. The following people should check with their provider. They may be advised to get the **inactivated** vaccine (flu shot).

- **Adults 50 years of age and older** or **children 6 months up to 2 years of age**. (Children younger than 6 months cannot get *either* influenza vaccine.)
- Children younger than 5 with recurrent **wheezing**.
- People who have **long-term health problems** with:
  - heart disease    - kidney disease
  - lung disease    - metabolic disease, such as diabetes
  - asthma    - anemia, and other blood disorders
- Anyone with a **weakened immune system**.
- Children or adolescents on **long-term aspirin treatment**.
- **Pregnant women**.
- Anyone with a history of **Guillain-Barré syndrome** (a severe paralytic illness, also called GBS).

Inactivated influenza vaccine is the preferred vaccine for people (including health-care workers, and family members) coming in **close contact with anyone who has a severely weakened immune system** (that is, anyone who requires care in a protected environment).

Some people should talk with a doctor before getting *either* influenza vaccine:

- Anyone who has ever had a **serious** allergic reaction to **eggs** or another vaccine component, or to a **previous dose** of influenza vaccine.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a **mild illness** can usually get the vaccine.

## 5 When should I get influenza vaccine?

Plan to get influenza vaccine in October or November if you can. But getting vaccinated in December, or even later, will still be beneficial in most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring. Influenza illness can occur any time from November through May. Most cases usually occur in January or February.

Most people need one dose of influenza vaccine each year. **Children younger than 9 years of age getting influenza vaccine for the first time** should get 2 doses. These doses should be given at least 4 weeks apart.

LAIV may be given at the same time as other vaccines.

## 6 What are the risks from LAIV?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. However, the risk of a vaccine causing serious harm, or death, is extremely small.

Live influenza vaccine viruses rarely spread from person to person. Even if they do, they are not likely to cause illness.

LAIV is made from weakened virus and does not cause influenza. The vaccine *can* cause mild symptoms in people who get it (see below).

### Mild problems:

Some children and adolescents 2-17 years of age have reported mild reactions, including:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Some adults 18-49 years of age have reported:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

These symptoms did not last long and went away on their own. Although they can occur after vaccination, they may not have been caused by the vaccine.

### Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.

- If rare reactions occur with any product, they may not be identified until thousands, or millions, of people have used it. Over six million doses of LAIV have been distributed since it was licensed, and no serious problems have been identified. Like all vaccines, LAIV will continue to be monitored for unusual or severe problems.

## 7 What if there is a severe reaction?

### What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

## 8 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 9 How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement  
Live, Attenuated Influenza Vaccine (10/4/07) 42 U.S.C. §300aa-26

## The Dr. Daniel T. Cloud Outstanding Practice Award

TAPI is also seeking nominations for The Dr. Daniel T. Cloud Outstanding Practice Award. This award, featuring the artwork of noted artist Anne Geddes, is presented to those practices and clinics that have achieved 90% immunization coverage levels for their two-year-olds.

- Any physician's office or clinic may be nominated.
- Upon nomination, coverage levels will be validated by an independent CASA assessment conducted by the State.
- All practices receiving validation of 90% coverage levels will receive an award.
- Awards will be presented at TAPI's 12th Annual Award and Recognition Banquet April 23, 2008.
- Nominations must be postmarked by Friday March 7, 2008.

### Nomination Form

---

Name of Nominee (Practice/Clinic)

---

Name of person primarily responsible or who will accept the award

---

Name of Lead Practitioner

---

Name of Office Immunization Contact

---

Address of Practice/Clinic

---

City State Zip Code

---

Daytime Telephone Fax

### Nominator

---

Name of Person Submitting Nomination

---

Mailing Address

---

City State Zip Code

---

Daytime Telephone Fax

Arizona Association of Community Health Centers  
320 E. McDowell Rd., Suite 320  
Phoenix, AZ 85004



## 12th Annual Big Shots for Arizona Award Nominations



April 23, 2008

# Honoring Our Partners

The Arizona Partnership for Immunization (TAPI) is seeking nominations for our 12th Annual **Big Shots for Arizona** Awards. These awards recognize the exceptional efforts of the many individuals and organizations whose tireless work and innovative strategies have improved immunization coverage levels statewide. We look forward to our annual award banquet as an opportunity to publicly recognize immunization efforts over the past year. Please use the forms attached to nominate individuals, agencies, corporations, community groups or professional associations who have worked to further the mission of TAPI and to improve the health of Arizonans in 2008.

## Big Shots for Arizona Award Categories

Choose the award category that best fits the accomplishments of the nominated organization or individual.

**Buck Shot** : This nominee has produced exceptional printed materials, PSAs, or other forms of communication that have educated the public and health care providers about immunizations.

**Long Shot** : This nominee has been responsible for legislation, regulations or public policy initiatives that have helped to reduce barriers to immunization.

**Snap Shot** : This nominee has sponsored or coordinated an event/events that have helped to educate, promote and provide immunizations to Arizonans.

**Spot Shot** : This nominee has produced print, radio or electronic media stories that have helped to educate the public about immunizations.

**Hot Shot** : This individual or organization has gone “above and beyond the call of duty” to give tremendous amounts of time and effort to increase immunizations. More than one Hot Shot award may be given.

**Up Shot:** (In Memory of Andrea Fadok) This nominee is new to the immunization effort and has demonstrated commitment to improving the health of Arizonans.

## The Selection Process

### Nominations

In three or less double-spaced typed pages briefly explain how the nominee has successfully accomplished the award category’s objective.

Nominations may be accompanied by supporting materials. Any materials submitted should be of a quality that allows for easy photocopying. Otherwise, five copies of the support materials must be submitted with the award nomination. Submitted materials become the property of TAPI and cannot be returned.

### Review of Applications

Nominations will be reviewed by a panel of individuals who represent health care, business, media and civic organizations. Nominators will be notified if their nominee has been selected prior to the awards ceremony.

### Presentation of Awards

Award recipients will be formally invited to and presented with their awards at TAPI’s 12th Annual Award and Recognition Banquet April 23, 2008.

### Deadlines

Award nomination materials must be postmarked or delivered to TAPI by 5:00 p.m. Friday, March 7, 2008. Faxed nominations will not be accepted.

### Questions

Contact TAPI at 602.288.7567 if you have any questions about these awards or the nomination process.

### Submit Nominations to:

Big Shots for Arizona Award Committee  
The Arizona Partnership for Immunization  
320 East McDowell Road, Suite 320  
Phoenix, AZ 85004  
Deadline: March 7, 2008

## Big Shots for Arizona Award Nomination Form

Please identify the type of nominee:

- ☐ Agency   ☐ Community Group   ☐ Corporation  
☐ Individual   ☐ Professional Association   ☐ Other

---

First and Last Name of Nominee (If applicable)

---

Name of Nominated Organization/Group/Association (if applicable)

---

If nominating an organization, please provide the name of the person who will accept the award on behalf of the organization.

---

Nominee’s Mailing Address

---

City State Zip Code

---

Daytime Telephone Fax

Please select the category for nomination:

- ☐ Buck Shot - Education Materials/Community Outreach Campaigns  
☐ Long Shot - Public Policy  
☐ Spot Shot - Media Coverage  
☐ Snap Shot - Special Events Partnerships  
☐ Hot Shot - Special Achievement  
☐ Public Sector n Private Sector  
☐ Up Shots - Innovation/New Commitment

## Nominator

---

Name of Person Submitting Nomination

---

Mailing Address

---

City State Zip Code

---

Daytime Telephone Fax

Form must be accompanied by nomination statement. All documents must be postmarked or delivered by March 7, 2008 for consideration

Recommended Adult Immunization Schedule

Note: These recommendations must be read with the footnotes that follow.

Figure 1. Recommended adult immunization schedule, by vaccine and age group  
United States, October 2007 – September 2008

VACCINE ▼	AGE GROUP ►	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>1,*</sup>		1 dose Td booster every 10 yrs		
		Substitute 1 dose of Tdap for Td		
Human papillomavirus (HPV) <sup>2,*</sup>	3 doses females (0, 2, 6 mos)			
Measles, mumps, rubella (MMR) <sup>3,*</sup>		1 or 2 doses	1 dose	
Varicella <sup>4,*</sup>		2 doses (0, 4–8 wks)		
Influenza <sup>5,*</sup>			1 dose annually	
Pneumococcal (polysaccharide) <sup>6,7</sup>		1–2 doses		1 dose
Hepatitis A <sup>8,*</sup>		2 doses (0, 6–12 mos or 0, 6–18 mos)		
Hepatitis B <sup>9,*</sup>		3 doses (0, 1–2, 4–6 mos)		
Meningococcal <sup>10,*</sup>		1 or more doses		
Zoster <sup>11</sup>				1 dose

\*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications  
United States, October 2007 – September 2008

INDICATION ►	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]), medications, radiation <sup>13</sup>	HIV infection <sup>3,12,13</sup> CD4+ T lymphocyte count	Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism	Asplenia <sup>12</sup> (including elective splenectomy and terminal complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel	
VACCINE ▼			<200 cells/μL      ≥200 cells/μL						
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>1,*</sup>	1 dose Td booster every 10 yrs								
		Substitute 1 dose of Tdap for Td							
Human papillomavirus (HPV) <sup>2,*</sup>		3 doses for females through age 26 yrs (0, 2, 6 mos)							
Measles, mumps, rubella (MMR) <sup>3,*</sup>	Contraindicated		1 or 2 doses						
Varicella <sup>4,*</sup>	Contraindicated		2 doses (0, 4–8 wks)						
Influenza <sup>5,*</sup>			1 dose TIV annually						1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) <sup>6,7</sup>			1–2 doses						
Hepatitis A <sup>8,*</sup>			2 doses (0, 6–12 mos, or 0, 6–18 mos)						
Hepatitis B <sup>9,*</sup>			3 doses (0, 1–2, 4–6 mos)						
Meningococcal <sup>10,*</sup>			1 or more doses						
Zoster <sup>11</sup>	Contraindicated			1 dose					

\*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of October 1, 2007. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm)).

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



# Footnotes

## Recommended Adult Immunization Schedule • United States, October 2007 – September 2008

For complete statements by the Advisory Committee on Immunization Practices (ACIP), visit [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).

### 1. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

Tdap should replace a single dose of Td for adults aged <65 years who have not previously received a dose of Tdap. Only one of two Tdap products (Adacel<sup>®</sup> [sanofi pasteur]) is licensed for use in adults.

Adults with uncertain histories of a complete primary vaccination series with tetanus and diphtheria toxoid–containing vaccines should begin or complete a primary vaccination series. A primary series for adults is 3 doses of tetanus and diphtheria toxoid–containing vaccines; administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second. However, Tdap can substitute for any one of the doses of Td in the 3-dose primary series. The booster dose of tetanus and diphtheria toxoid–containing vaccine should be administered to adults who have completed a primary series and if the last vaccination was received ≥10 years previously. Tdap or Td vaccine may be used, as indicated.

If the person is pregnant and received the last Td vaccination ≥10 years previously, administer Td during the second or third trimester; if the person received the last Td vaccination in <10 years, administer Tdap during the immediate postpartum period. A one-time administration of 1 dose of Tdap with an interval as short as 2 years from a previous Td vaccination is recommended for postpartum women, close contacts of infants aged <12 months, and all health-care workers with direct patient contact. In certain situations, Td can be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap can be administered instead of Td to a pregnant woman after an informed discussion with the woman.

Consult the ACIP statement for recommendations for administering Td as prophylaxis in wound management.

### 2. Human papillomavirus (HPV) vaccination

HPV vaccination is recommended for all females aged ≤26 years who have not completed the vaccine series. History of genital warts, abnormal Papanicolaou test, or positive HPV DNA test is not evidence of prior infection with all vaccine HPV types; HPV vaccination is still recommended for these persons.

Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, females who are sexually active should still be vaccinated. Sexually active females who have not been infected with any of the HPV vaccine types receive the full benefit of the vaccination. Vaccination is less beneficial for females who have already been infected with one or more of the HPV vaccine types.

A complete series consists of 3 doses. The second dose should be administered 2 months after the first dose; the third dose should be administered 6 months after the first dose.

Although HPV vaccination is not specifically recommended for females with the medical indications described in Figure 2, "Vaccines that might be indicated for adults based on medical and other indications," it is not a live-virus vaccine and can be administered. However, immune response and vaccine efficacy might be less than in persons who do not have the medical indications described or who are immunocompetent.

### 3. Measles, mumps, rubella (MMR) vaccination

*Measles component:* Adults born before 1957 can be considered immune to measles. Adults born during or after 1957 should receive ≥1 dose of MMR unless they have a medical contraindication, documentation of ≥1 dose, history of measles based on health-care provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) have been previously vaccinated with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a health-care facility; or 6) plan to travel internationally.

*Mumps component:* Adults born before 1957 can generally be considered immune to mumps. Adults born during or after 1957 should receive 1 dose of MMR unless they have a medical contraindication, history of mumps based on health-care provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) are in an age group that is affected during a mumps outbreak; 2) are students in postsecondary educational institutions; 3) work in a health-care facility; or 4) plan to travel internationally. For unvaccinated health-care workers born before 1957 who do not have other evidence of mumps immunity, consider administering 1 dose on a routine basis and strongly consider administering a second dose during an outbreak.

*Rubella component:* Administer 1 dose of MMR vaccine to women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity. For women of childbearing age, regardless of birth year, routinely determine rubella immunity and counsel women regarding congenital rubella syndrome. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility.

### 4. Varicella vaccination

All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine unless they have a medical contraindication. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., health-care personnel and family contacts of immunocompromised persons) or 2) are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for health-care personnel and pregnant women birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a health-care provider (for a patient reporting a history of or presenting with an atypical case, a mild case, or both, health-care providers should seek either an epidemiologic link with a typical varicella case or to a laboratory-confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease); 4) history of herpes zoster based on health-care provider diagnosis; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Assess pregnant women for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. The second dose should be administered 4–8 weeks after the first dose.

### 5. Influenza vaccination

*Medical indications:* Chronic disorders of the cardiovascular or pulmonary systems, including asthma; chronic metabolic diseases, including diabetes mellitus, renal or hepatic dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or human immunodeficiency virus [HIV]); any condition that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, or seizure disorder or other neuromuscular disorder); and pregnancy during the

influenza season. No data exist on the risk for severe or complicated influenza disease among persons with asplenia; however, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia.

*Occupational indications:* Health-care personnel and employees of long-term care and assisted-living facilities.

*Other indications:* Residents of nursing homes and other long-term care and assisted-living facilities; persons likely to transmit influenza to persons at high risk (e.g., in-home household contacts and caregivers of children aged 0–59 months, or persons of all ages with high-risk conditions); and anyone who would like to be vaccinated. Healthy, nonpregnant adults aged ≤49 years without high-risk medical conditions who are not contacts of severely immunocompromised persons in special care units can receive either intranasally administered live, attenuated influenza vaccine (FluMist<sup>®</sup>) or inactivated vaccine. Other persons should receive the inactivated vaccine.

### 6. Pneumococcal polysaccharide vaccination

*Medical indications:* Chronic pulmonary disease (excluding asthma); chronic cardiovascular diseases; diabetes mellitus; chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis); chronic alcoholism, chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunosuppressive conditions; and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible.

*Other indications:* Alaska Natives and certain American Indian populations and residents of nursing homes or other long-term care facilities.

### 7. Revaccination with pneumococcal polysaccharide vaccine

One-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); or immunosuppressive conditions. For persons aged ≥65 years, one-time revaccination if they were vaccinated ≥5 years previously and were aged <65 years at the time of primary vaccination.

### 8. Hepatitis A vaccination

*Medical indications:* Persons with chronic liver disease and persons who receive clotting factor concentrates.

*Behavioral indications:* Men who have sex with men and persons who use illegal drugs.

*Occupational indications:* Persons working with hepatitis A virus (HAV)–infected primates or with HAV in a research laboratory setting.

*Other indications:* Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at [wwwn.cdc.gov/travel/content/diseases.aspx](http://wwwn.cdc.gov/travel/content/diseases.aspx)) and any person seeking protection from HAV infection.

Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6–12 months (Havrix<sup>®</sup>), or 0 and 6–18 months (Vaqta<sup>®</sup>). If the combined hepatitis A and hepatitis B vaccine (Twinrix<sup>®</sup>) is used, administer 3 doses at 0, 1, and 6 months.

### 9. Hepatitis B vaccination

*Medical indications:* Persons with end-stage renal disease, including patients receiving hemodialysis; persons seeking evaluation or treatment for a sexually transmitted disease (STD); persons with HIV infection; and persons with chronic liver disease.

*Occupational indications:* Health-care personnel and public-safety workers who are exposed to

blood or other potentially infectious body fluids.

*Behavioral indications:* Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); current or recent injection-drug users; and men who have sex with men.

*Other indications:* Household contacts and sex partners of persons with chronic hepatitis B virus (HBV) infection; clients and staff members of institutions for persons with developmental disabilities; international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at [wwwn.cdc.gov/travel/content/diseases.aspx](http://wwwn.cdc.gov/travel/content/diseases.aspx)); and any adult seeking protection from HBV infection.

Settings where hepatitis B vaccination is recommended for all adults: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; health-care settings targeting services to injection-drug users or men who have sex with men; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; and institutions and nonresidential daycare facilities for persons with developmental disabilities.

*Special formulation indications:* For adult patients receiving hemodialysis and other immunocompromised adults, 1 dose of 40 µg/mL (Recombivax HB<sup>®</sup>), or 2 doses of 20 µg/mL (Engerix-B<sup>®</sup>) administered simultaneously.

### 10. Meningococcal vaccination

*Medical indications:* Adults with anatomic or functional asplenia, or terminal complement component deficiencies.

*Other indications:* First-year college students living in dormitories; microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of sub-Saharan Africa during the dry season [December–June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.

Meningococcal conjugate vaccine is preferred for adults with any of the preceding indications who are aged ≤55 years, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative. Revaccination after 3–5 years might be indicated for adults previously vaccinated with MPSV4 who remain at increased risk for infection (e.g., persons residing in areas in which disease is epidemic).

### 11. Herpes zoster vaccination

A single dose of zoster vaccine is recommended for adults aged ≥60 years regardless of whether they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition.

### 12. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used

Hib conjugate vaccines are licensed for children aged 6 weeks–71 months. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults with the chronic conditions associated with an increased risk for Hib disease. However, studies suggest good immunogenicity in patients who have sickle cell disease, leukemia, or HIV infection or who have had splenectomies; administering vaccine to these patients is not contraindicated.

### 13. Immunocompromising conditions

Inactivated vaccines are generally acceptable (e.g., pneumococcal, meningococcal, and influenza [trivalent inactivated influenza vaccine]), and live vaccines generally are avoided in persons with immune deficiencies or immune suppressive conditions. Information on specific conditions is available at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm).